## This portion MUST ' returned with your payment to ensure proper credit. THANK YOU

				,	
ACCOUNT BILLED CLARIDGE, REX C.			PROJECT NAME  BLOWOUT/FIRSTCHANCE		PROJECT ID
					S230039 /
DUE DATE	ANNUAL FEE	AMOUNT DUE	FEE NOT ENCLOSED	Change of Addre	ess
07/29/2005	\$ 150	\$ 150	Permittee requests an inspection to close out this permit.	Contact	
TA	X ID OR SOCIAL SE	CURITY#			
				Address	
DIV	ISION OF OIL	. GAS AND MINI	NG RECEIVE	RECEIV	/FD
159	4 WEST NOR	TH TEMPLE SU	ITE 1210 JUL 0 6 200	E-Mail Address	20
	- 07 ( 1 1000 1			W Mra	105
SAL	T LAKE CITY	UT 84114-58	O1 DIV. OF OIL, GAS & M	Rhoce OIL, GAS & N	ININO
			-		THE STATE OF THE S

Please make check payable to:
Division of Oil, Gas and Mining